## JUL 1 7 2006

## PART B - FEE(\$) TRANSMITTAL

|              | Complete and send this form together with applicable fee  |  |  | or  | Fax (   | P.O. Box 1450<br>Alexandria, Virginia 22313-1450<br>(571)-273-2885 |                     |   |  |
|--------------|---|--|--|---|---|--|---------------------|---|--|
| l<br>a<br>i  | INSTRUCTIONS: No form should be seed for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence to cluding the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected the patent of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.   |  |  |   |   |  |                     |   |  |
|              | CURRENT CORRESPONDENCE  75  DARBY & DAR  805 Third Avenue  New York, NY 106   | All CERTIFICATE  Label No. that, on the date indited with the U.S. Po delivery to the Co- Alexandria, VA 223 odressee service.       | Select above, the state Service & to state Service & to state Service of the state Service of | 1   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  **Certificate of Mailing or Transmission** The by Lendy that this Fee(s) Transmittal is being deposited with the United tates Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)  (Signature) |  |                     |   |  |
| _            |   | ignature   | [  |   |   | (Date)   |                     |   |  |
|              | _ APPLICATION NO.   | FILING DATE  | FIRST NAME   |   |   |  | ATTORNEY DOCKET NO. | CONFIRMATION NO.  |  |
| Т            | 10/074,585 02/12/2002 Jerry Kupsh 87/17/2005 CNGUYEN1 PROPERTY OF UNSOLICITED MESSAGES ON AN SMS NET WORKS 090 01 FC:1501   |  |  |   |   |  |                     | 5374<br><b>8888802 18074585</b><br>1480.00 Op             |  |
| ſ            | APPLN. TYPE   | SMALL ENTITY   | ISSUE FI   | EE  | PUI   | BLICATION FEE  | TOTAL FEE(S) DUE    | DATE DUE  |  |
| _            | nonprovisional  | NO   | \$1400   |   |   | \$0 .  | \$1400              | 08/08/2006  |  |
|              | EXAMINER  |  | ART UNIT   |   | CLA   | ASS-SUBCLASS   | ]                   |   |  |
|              | PEREZ, JULIO R  |  | 2617   |   |   | 455-466000   | <u>-</u>            |   |  |
| Ċ            | FR 1.363).  Change of correspond Address form PTO/SB/13  "Fee Address" indicates  | e address or indication of "Fedence address (or Change of 22) attached.  cion (or "Fee Address" Indicator more recent) attached. Use | Correspondence   | (1) the nam<br>or agents O<br>(2) the nam<br>registered a<br>2 registered | mes of up to 3 registered patent attorneys OR, alternatively, me of a single firm (having as a member a attorney or agent) and the names of up to ed patent attorneys or agents. If no name is name will be printed.  1 Darby & Darby 2 2 3   |  |                     |   |  |
| CELL         | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) Rec. 1/24/03 R/F: 013694/0269  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  PLEASE Check the appropriate assignee category or categories (will not be printed on the patent): Individual XX Corporation or other private group entity Government  |  |  |   |   |  |                     |   |  |
|              | 4a. The following fee(s) are enclosed:  XX Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Deposit Account Number 04 - 0100  4b. Payment of Fee(s):  Advance Order - # of Copies  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04 - 0100  Output  Deposit Account Number 04 - 0100  Advance Order - # of Copies |  |  |   |   |  |                     |   |  |
| 5.           | Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  |  |  |   |   |  |                     |   |  |
| T<br>N<br>in |   |  |  | • • •   |   |  |                     | ation identified above.<br>the assignee or other party in |  |
|              | Authorized Signature  |  |  |   |   | Date   | 7 13 06             |   |  |
|              | Typed or printed name Thomas J. Bean  |  |  |   |   | Registration No. 44,528  |                     |   |  |
| Λ            | iexanuna, virginia 22313-   | 1430.  | s required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to procest governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, cation form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to compreducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. P.O. Box. 14   |   |   |  |                     |   |  |